

UNITED STATES BANKRUPTCY COURT
DISTRICT OF HAWAII

Case Management

CM / ECF

Electronic Case Files

REGISTRATION FORM - FULL PARTICIPANT ECF USER

(<http://ecf.hib.uscourts.gov>)

This form is required for full participation in the Case Management / Electronic Case Files ("CM/ECF") system of the United States Bankruptcy Court for the District of Hawaii. A full participant ECF User may file documents electronically with the court through the Internet, in accordance with the CM/ECF administrative procedures adopted by the court and other applicable statutes and rules.

Name: _____

Bar ID & State: _____

Firm Name: _____

Address: _____

City / State / Zip: _____

Telephone: _____ Fax: _____

PACER Account: _____

E-mail for service and notice: _____

Additional E-mail addresses for notice: _____

E-mail Notice to be sent: Each Filing End of Day Summary

By signing and submitting this registration form, I agree to the following.

1. I will abide by all orders, rules, and administrative procedures governing the use of my login and password and the electronic filing of documents in the CM/ECF system of the United States Bankruptcy Court for the District of Hawaii.
2. Pursuant to Fed. R. Bankr. P. 9011, every petition, pleading, motion and other paper (except a list, schedule, statement, or amendments thereto) shall be signed by at least one attorney of record. Use of my ECF User login and password constitutes my signature on an electronically filed document for all purposes, including those under Rule 9011 and 28 U.S.C. § 1746, and shall have the same force and effect as if I had affixed my signature on a paper copy of the document being filed.

3. I may authorize one or more employees or office staff members to use my login and password for the electronic filing of a document. However, such use constitutes my signature on the electronically filed document. I will not knowingly permit use of my login and password by anyone not so authorized, I shall take steps to prevent such unauthorized use, and I shall be fully responsible for all use of the login and password whether authorized or unauthorized. If authorization to use a login and password is withdrawn (e.g., when a staff member leaves employment) or if unauthorized use of a login and password is suspected, I shall forthwith select and activate a new password for use in the ECF system. I also shall immediately notify the court upon learning of any unauthorized use. I understand that failure to change the password and notify the court under the aforementioned circumstances may result in sanctions.
4. The use of my login and password in filing a document containing the signature of another person is my representation to the court that, to the best of my knowledge, the document is a true and correct copy of the original document bearing such other person's signature. In the filing of a bankruptcy petition, the use of my login and password is my representation to the court that I have in my possession either (i) a copy of the voluntary petition with the original signature of the debtor(s) or an authorized individual of a debtor that is an artificial entity, or a copy of the involuntary petition with the original signature of the petitioning creditor(s), or (ii) a copy of the Declaration re: Electronic Filing containing the pertinent original signature(s).
5. This registration constitutes my waiver of service of a paper copy of a notice and a request in writing that, instead of notice by mail, notice be sent to me by electronic transmission through the court's CM/ECF system. This also constitutes my consent in writing to accept service of all documents, except a summons and copy of a complaint, by e-mail through the CM/ECF system. I will maintain an active e-mail account for notice and service by electronic transmission, and will keep such e-mail account information current in my ECF User account.
6. I will promptly submit payment of any fees required for the filing of a document in accordance with payment procedures established under the CM/ECF administrative procedures. I understand that failure to make payment as required may result in dismissal of a bankruptcy petition, expungement of other documents, and sanctions.

Dated: _____

Signature of Registrant	First/Last Initials	Last 4 digits of SSN or Bar ID
-------------------------	------------------------	-----------------------------------

Submit to: Clerk - ECF Registration
 United States Bankruptcy Court
 District of Hawaii
 1132 Bishop Street, Suite 250L
 Honolulu, HI 96813

Received on _____ by: _____
 Clerk / Deputy Clerk